Form A-174 (Revised 9/2015)

SECURITIES TRANSACTION REQUEST

Select link for A174 Instructions						
Request Number						
Assigned by Dept. of Insurance						

California Insurance Code Section							
	Complete One Only						
	General Deposit (940/955) State						
	Workers Compensation (11691)						
	Other (Specify)						
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Check One Only:	Initial Deposit Additional	Deposit W	ithdrawal S	ubstitution/ xchange		Check One or Both	(if applicable)	Book E	ntry Physical Secu	rity		
COMPANY INF	ORMATION If new cor	mpany, check here	BANK INFORMA	TION FOR INTE	REST PAYMENT	f change, check here □	AGENT INFO	RMATIO	N FOR SECURITIES	DEPOSITS		
Company Name			Bank Name				Agent Name					
			Bank ABA # (9 digit)			Agent ABA # (9 digit)					
Mailing Address			Bank Account #				DTC/Broker Code					
			FFC# (If applicable)				FED Broker Code					
Contact Name			Mailing Address				Mailing Address					
Telephone & Fax #												
E-mail Address			Contact Name				Contact Name					
Tax I.D. #			Telephone & Fax #				Telephone & Fax #					
NAIC/CDI #			Email Address				Email Address					
	SECURITIES TO BE DEPOSITED											
Desc	cription of Securities	Cusip / Serial / Certif				<u> </u>	Market Valu	е	Deposit Value	Rating		
If depositing stock, ide	entify whether common or preferred.	Number	Rate	Issue Date	Maturity Date	Par/Face Value	As of:		(Lower of Par or Market)	(Include Source)		
LIST SECURITIES TO BE WITHDRAWN ON REVERSE DEPOSIT GRAND TOTALS							\$0.00	\$0.00	\$0.00			

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Company Name 0									
	_	Assigned by	Dept. of Insurance						
		r toolgillod by	Dop.: or incurance						
BANK INFORMATION FOR PRINCIPAL PA	YMENT (CASH)		AGENT INFORMATION FOR SECURITY RELEASE						
Bank Name			Agent Name						
Bank ABA # (9 digit)		Agent ABA # (9 digit)							
Bank Account #			Agent Account # FFC # (if applicable)						
FFC # (if applicable)			DTC Broker Code FED Broker Code						
Mailing Address			Mailing Address						
Contact Name			Contact Name						
Telephone & Fax #			Telephone & Fax #						
Email Address			Email Address						
	CECI	DITIES TO	BE WITHDRAWN						
Description of Securities		KITIES TO	DE WITHDRAWN		Market Value	Deposit Value			
If withdrawing stock, identify whether common or preferred.	Cusip / Serial / Certificate Number	Rate	Maturity Date	Par/Face Value	As of:	(Lower of Par or Market)			
	AL GRAND TOTALS	\$0.00	\$0.00	\$0.0					
		AUTHO	RIZATION						
COMPA	DEPARTMENT OF INSURANCE								
MUST ALWAYS BE COMPLETED BY A									
The statements contained herein are true and of	REQUEST APPROVED								
State of on the NO CORPORATE SECURITIES NOW BEING DEPOSITED HAVE	FOR THE COMMISSIONER								
BYCompany Officer	Print Na	ame and Title			ommissioner				